



Office of Privacy Protection

Safeguarding Information for Your Future

Wis. Stats. §§ 93.06, 100.20

Identity Theft Complaint

1. How do we contact you?

Name: (Mr. Mrs. Miss Ms.) _____
(circle one) (first) (middle) (last)

Home Phone: () _____ **Work Phone:** () _____ ext. ____ or () _____ ext. ____

Phone me between 8:00 A.M. and 4:00 P.M. at: (circle one) Home Work Best time: _____

Address: _____ **PO Box:** _____ **Apt.#** _____

City: _____ **State:** _____ **Zip:** _____ **County:** _____

E-mail Address: _____ (i.e., anyone @myisp.com)

Social Security Number: _____ (optional) **Date of Birth:** _____ (MM/DD/YYYY) **Age:** _____

Information about your complaint.

2. ID Theft occurs when someone uses your name and/or other identifying information for their personal gain. Please check the types of ID theft you were a victim of: (check all that apply)

<input type="checkbox"/> Credit Cards or Debit Cards	<input type="checkbox"/> Securities or Other Investments
<input type="checkbox"/> Checking or Savings Accounts	<input type="checkbox"/> Internet or E-mail
<input type="checkbox"/> Loans	<input type="checkbox"/> Government Documents or Benefits
<input type="checkbox"/> Phone or Utilities	<input type="checkbox"/> Other (please specify) _____

3. Did suspect use the Internet to open the account or purchase the goods or services: (circle one) No Yes Unknown

4. Were your accounts taken over to fraudulently obtain goods or services: (circle one) No Yes Unknown

5. Was your personal information used to obtain new accounts or services in your name: (circle one) No Yes Unknown

Details of the Identity Theft.

6. When did you notice that you might be a victim of identity theft? _____ (MM/DD/YY)

7. When did identity theft first occur? (i.e., when was first account opened?) _____ (MM/DD/YY)

8. How many accounts were opened or accessed?
(credit cards, loans, bank accounts, cellular phone accounts, etc.) _____

9. How much money, if any have you had to pay as a result of the theft? _____

10. How much money, if any, did the identity thief obtain from companies in your name? _____

11. What other problems, if any, have you experienced as a result of the identity theft? (check all that apply)

_____ No other harm suffered

_____ Civil suit filed or Judgment entered against you

_____ Criminal investigation, Arrest or Conviction

_____ Denied credit or other financial services

_____ Denied employment or loss of job

_____ Harassed by debt collector or creditor

_____ Other (describe in comments below)

_____ Time lost to resolve problems (specify amount in comments below)

_____ Reputation harm

12. The Identity Thief.

Please provide any information you may have about the identity thief, including his or her name, and any addresses or phone numbers the identity thief may have used.

Name: (Mr. Mrs. Miss Ms.) _____
(circle one) (first) (middle) (last)

Phone Number: () _____ (circle type, if known) Home Work Cell

Address: _____ PO Box: _____ Apt.# _____

City: _____ State: _____ Zip: _____ County: _____

E-mail Address: _____ Relationship to the identity thief: _____

13. Contacts.

Please indicate which of the following steps, if any, you have already taken to deal with the identity theft.

For which of the following credit bureaus, have you: (check all that apply)

	Equifax	Experian	Trans Union	Other	None
Called to report the fraud?					
Put a "fraud alert" or "freeze" on your report?					
Ordered your credit report?					
Problem with Credit Bureau?					

Have you contacted the police? (circle one) Yes No

If yes, please provide the following information: Date: _____ (MM/DD/YYYY) Time: _____

Police department name: _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Phone Number: () _____ Police Report Number: (if known) _____

14. Problems with Companies

Do you have any problems with the companies, credit bureaus, or organizations you are dealing with concerning your identity theft problems? If so, identify each company, credit bureau, or organization, provide its location and/or telephone number, if you have it, and tell us briefly what the problem is. **NOTE:** if you checked the problem box for any of the three credit bureaus in the section above, please include those credit bureaus here.

COMPANY 1

Name of company: _____

Address: _____ PO Box: _____ Apt.# _____

City: _____ State: _____ Zip: _____ County: _____

Phone: () _____ Name of person you talked to: _____ Title: _____

Did you contact the business about your complaint? _____ Yes _____ No _____ When? _____ What happened? _____

Have you sent written notifications to this company? _____ Yes _____ No _____ What happened? _____

COMPANY 2

Name of company: _____

Address: _____ PO Box: _____ Apt.# _____

City: _____ State: _____ Zip: _____ County: _____

Phone: () _____ Name of person
you talked to: _____ Title: _____Did you contact the business _____ Yes When? _____ What happened?
about your complaint? _____ No _____Have you sent written notifications _____ Yes What happened?
to this company? _____ No _____**COMPANY 3**

Name of company: _____

Address: _____ PO Box: _____ Apt.# _____

City: _____ State: _____ Zip: _____ County: _____

Phone: () _____ Name of person
you talked to: _____ Title: _____Did you contact the business _____ Yes When? _____ What happened?
about your complaint? _____ No _____Have you sent written notifications _____ Yes What happened?
to this company? _____ No _____**COMPANY 4**

Name of company: _____

Address: _____ PO Box: _____ Apt.# _____

City: _____ State: _____ Zip: _____ County: _____

Phone: () _____ Name of person
you talked to: _____ Title: _____Did you contact the business _____ Yes When? _____ What happened?
about your complaint? _____ No _____Have you sent written notifications _____ Yes What happened?
to this company? _____ No _____**15. Describe your complaint in detail.**

Please give us information about the identity theft, including, but not limited to, how the theft occurred, who may be responsible for the theft, and what actions you have taken since the theft. Please include a list of companies where fraudulent accounts were established or your current accounts were affected. Please attach additional pages as needed.

This complaint and the information you provide will be used in efforts to investigate and prosecute identity thieves and

The above information is true and accurate to the best of my knowledge.

Return this form and two copies of any documentation that supports your complaint to our office located at:

